

SUSSEX AMATEUR RADIO ASSOCIATION

Give completed application to any Club Officer or Mail to:
SARA, c/o Dennis Karol, 2 Club House Dr., Rehoboth Beach, DE 19971

Yes, I/We wish to belong to the: **Sussex Amateur Radio Association** **2008**

Today's date: _____

- New Renewal
- Full voting membership (Licensed Amateur).....\$20.. per year \$ _____
- Family Member...(Living in the same household).\$ 0 per year \$ _____
- Student Member...(Full Time).....\$10 per year \$ _____
- Sponsor-A-Student Program.....\$10 per year \$ _____

Total Enclosed.....\$ _____

Please make checks payable to: SARA

Mail the check to: Dennis Karol, 2 Club House Drive, Rehoboth Beach, DE 19971

PERSONAL INFORMATION:

Name: _____ Call Sign: _____ Class: _____

Address: _____ Home Phone: _____ Work Phone: _____

City/Town: _____ Cell Phone: _____ Pager: _____

State: _____ Zip Code: _____ Email Address: _____

ARE YOU A MEMBER OF THE ARRL? → YES or NO

Additional Family member: _____ Call Sign: _____

Additional Family member: _____ Call Sign: _____

Sponsoring SARA member: _____ Call Sign: _____ Initialed: _____

Operating Interests: (Check all that apply)

HF: CW SSB RTTY PACTOR ATV PSK31 Other _____

VHF/UHF: FM PACKET EME SSTV SSB SATELLITE OTHER _____

What club activities are you interested in: (Check all that apply)

- Serving on a Committee / Executive Field Day Activities Fox Hunts Community Service
- Emergency Communications / ARES Hamfest Computers Internet
- Teaching Amateur Radio Course Volunteer Examiner Other _____

MEMBERSHIP AGREEMENT

All members, including licensed family members, are required to sign this form indicating their willingness to abide by this membership agreement:

I/WE, AGREE TO ABIDE BY THE CONSTITUTION AND BY-LAWS OF THE SUSSEX AMATEUR RADIO ASSOCIATION. I/WE FURTHER AGREE TO ABIDE BY ALL FCC RULES AND PROCEDURES AS WELL AS BY THE DIRECTIONS OF THE STATION TRUSTEE AND / OR CONTROL OPERATORS DESIGNATED BY THE ASSOCIATION PERTAINING TO THE USE OF REPEATERS OR OTHER CLUB EQUIPMENT. I/WE UNDERSTAND THAT THE KB3BHL REPEATERS ARE OPERATED FOR THE CONVENIENCE OF THE MEMBERS AND THAT THERE IS NO GUARANTEE OF THEIR AVAILABILITY AT ANY GIVEN TIME. ADDITIONALLY, I/WE UNDERSTAND THAT REPEATED AND / OR MAJOR INFRACTION OF ANY OF THE ABOVE "AGREED TO" STIPULATIONS WILL POTENTIALLY, UPON REVIEW, RESULT IN LOSS OF MEMBERSHIP IN THE ASSOCIATION AND FORFEITURE OF ANY DUES PAID.

SIGNATURE: _____, DATE: _____

ADDITIONAL FAMILY MEMBER'S SIGNATURE: _____, DATE: _____

ANY ADDITIONAL FAMILY MEMBERS MAY SIGN AND DATE ON THE OPPOSITE SIDE OF THIS APPLICATION.

DO NOT WRITE BELOW DOUBLE LINE. FOR OFFICIAL USE ONLY.

Membership is contingent upon approval of the board.
Dues will only be refunded in the event this application is not accepted.

DATE DUES PAID: _____, AMOUNT \$ _____

RECEIVED BY: _____, CALL: _____